

**CITY OF ELYSIAN
INCIDENT REPORT**

Report to be used for all encounters or incidents occurring during a day/night within the City
of Elysian or within the near boundaries of the City of Elysian

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Date _____ Name of person reporting incident _____

Address _____

Phone Number _____

If employee reporting incident, name of employee _____

Incident described in detail to include any equipment, vehicle, or other items pertinent:

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Course of action:

Employee handling the incident report _____

Date received: _____

Action taken: _____

